

ASSEMBLY BILL

No. 53

Introduced by Assembly Member Dymally

December 4, 2006

An act relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 53, as introduced, Dymally. Health care coverage.

Existing law does not provide a system of universal health care coverage for California residents. Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements. These programs include the Healthy Families Program administered by the Managed Risk Medical Insurance Board and the Medi-Cal program administered by the State Department of Health Care Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance.

This bill would declare the intent of the Legislature to enact legislation that would, among other things, provide universal health care coverage to all Californians, regardless of age, income, employment, or health status.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation to accomplish the following:

- 1 (a) Provide universal health care coverage to all Californians,
2 regardless of age, income, employment, or health status.
- 3 (b) Ensure adequate access to quality comprehensive services
4 for all Californians with contributions from both employers and
5 individuals, based on ability to pay.
- 6 (c) Provide affordable health care coverage, including any
7 premium and out-of-pocket costs, providing adequate subsidies
8 for low income individuals as necessary, and eliminating the
9 potential for medical bankruptcies.
- 10 (d) Preserve and incorporate safety net providers, including
11 public and nonprofit clinics and public hospitals, protecting their
12 ability to offer culturally competent services in disenfranchised
13 communities and to address health disparities among low-income
14 and minority communities.
- 15 (e) Establish electronic health records and personal health
16 records that are compatible across systems on a statewide basis.
- 17 (f) Provide adequate flexibility at the county level for locally
18 developed and locally specific health care systems, services, and
19 programs.
- 20 (g) Incorporate effective quality improvement and cost
21 containment strategies and accountability, including incentives for
22 low-cost, high quality care and services.